

SERFF Tracking Number: WESA-125477194 State: Arkansas  
 Filing Company: United States Liability Insurance Company State Tracking Number: #26824 \$100  
 Company Tracking Number: PROF-CAP-08-10  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other  
 Product Name: Community Association Program  
 Project Name/Number: Community Associataion Program Commercial Crime Rate Revision/PROF-CAP-08-10

## Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Community Association SERFF Tr Num: WESA-125477194 State: Arkansas

Program

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #26824 \$100

Made/Occurrence

Sub-TOI: 17.0022 Other Co Tr Num: PROF-CAP-08-10 State Status: Fees verified and received

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Westmont Associates Disposition Date: 02/28/2008

Date Submitted: 02/07/2008 Disposition Status: Exempt from Review

Effective Date Requested (New): On Approval

Effective Date (New): 02/28/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 02/28/2008

State Filing Description:

## General Information

Project Name: Community Associataion Program Commercial Crime Rate Revision Status of Filing in Domicile: Pending

Project Number: PROF-CAP-08-10

Domicile Status Comments: Recently filed in state of domicile

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/28/2008

State Status Changed: 02/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Submission of Community Association Program Commercial Crime Rate Revision

SERFF Tracking Number: WESA-125477194 State: Arkansas  
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## Company and Contact

### Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Jennifer Waldron, jenb@westmontlaw.com  
 25 Chestnut Street (856) 216-0220 [Phone]  
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

### Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania  
 25 Chestnut Street Group Code: 31 Company Type: Property and  
 Casualty

Suite 105  
 Haddonfield, NJ 08033 Group Name: State ID Number:  
 (856) 216-0220 ext. [Phone] FEIN Number: 23-1383313  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: Standard Filing Fee for Rate Filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	02/07/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
26824	\$100.00	02/04/2008

*SERFF Tracking Number:*      *WESA-125477194*                      *State:*                      *Arkansas*  
*Filing Company:*              *United States Liability Insurance Company*      *State Tracking Number:*      *#26824 \$100*  
*Company Tracking Number:*      *PROF-CAP-08-10*  
*TOI:*                      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*                      *17.0022 Other*  
*Product Name:*              *Community Association Program*  
*Project Name/Number:*      *Community Associataion Program Commercial Crime Rate Revision/PROF-CAP-08-10*

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	02/28/2008	02/28/2008

SERFF Tracking Number:	WESA-125477194	State:	Arkansas
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Company Tracking Number:	PROF-CAP-08-10		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0022 Other
Product Name:	Community Association Program		
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## Disposition

Disposition Date: 02/28/2008

Effective Date (New): 02/28/2008

Effective Date (Renewal): 02/28/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate filing and review requirements.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
United States Liability Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

SERFF Tracking Number: WESA-125477194 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #26824 \$100

Company Tracking Number: PROF-CAP-08-10

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other

Product Name: Community Association Program

Project Name/Number: Community Associataion Program Commercial Crime Rate Revision/PROF-CAP-08-10

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Letter of Authorization	Accepted for Informational Purposes	Yes
Supporting Document	NAIC Transmittal	Accepted for Informational Purposes	Yes
Supporting Document	Side-By-Side Comparison	Accepted for Informational Purposes	Yes
Rate	Crime Rating Plan	Accepted for Informational Purposes	Yes

SERFF Tracking Number:	WESA-125477194	State:	Arkansas
Filing Company:	United States Liability Insurance Company	State Tracking Number:	#26824 \$100
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TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0022 Other
Product Name:	Community Association Program		
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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File & Use
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
United States Liability Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: WESA-125477194 State: Arkansas  
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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Crime Rating Plan	Pages 1-2	Replacement	CRIME RATING PLAN - 3.pdf

# UNITED STATES LIABILITY INSURANCE GROUP WAYNE, PENNSYLVANIA

## Crime Rating Plan

The rating for the product will be driven by the coverage limit for Employee Dishonesty Coverage. Coverage for the other causes of loss cannot exceed the Employee Dishonesty Coverage limit.

The maximum available limit will be \$500,000. The minimum premium is \$260

The base coverage limit is \$10,000 for each cause of loss subject to the minimum deductible for the appropriate rating class.

### Rating:

Base Limit = \$10,000. Base Premium:

#### Cause of Loss:

a. Employee Theft	\$150.00
b. Forgery or Alteration	\$15.00
c. Robbery or Safe Burglary, Theft of Money/Securities	\$70.00
d. Computer Fraud & Funds Transfer Fraud	\$15.00
e. Money Orders & Counterfeit Money	\$10.00

### Increased Limit Factors:

<u>Limit</u>	<u>Factor</u>	<u>Limit</u>	<u>Factor</u>
\$15,000	1.25	\$200,000	4.35
\$25,000	1.50	\$250,000	4.75
\$50,000	2.00	\$300,000	5.00
\$100,000	2.75	\$400,000	6.00
\$150,000	3.50	\$500,000	7.00

**Deductible Factors:** The deductible must be equal for all causes of loss.

<u>Deductible:</u>	<u>Factor:</u>
\$250	1.0
\$500	.95
\$1,000	.90
\$2,500	.85
\$5,000	.80

### I. Hit Zone Credits

Contract with a Property Manager that carries

Employee Dishonesty coverage .90

### II. Surcharges

Does not contract with a Property Manager 1.10

The association is in operation two years or less 1.10

Recreational Vehicle/Trailer Parks, Mobile /Manufactured Home Parks 1.15

### Optional Coverage

Designated Agent Endorsement for the property manager 1.25



### **Scheduled Rating**

The following scheduled credits and debits may be applied to rates. The maximum scheduled credit or debit shall not exceed 25%.

Nature of Operations	0-25%
Financial Condition	0-25%
Experience of board	0-25%
# of Years in Operation	0-25%

### **Experience Rating**

The following experience credits and debits may be applied based upon any type of prior litigation, which has been brought against the Applicant/Insured. A rate modification is determined based upon the frequency, severity and type of claims. Ranges are included to measure differences in claim history versus a Company's number of years in operation, employee size and scope of operations.

Prior Claims	Factor
None	.85 - 1.00
Minimal	1.0 - 1.25
Material	1.25 - 1.50

Definitions for above criteria:

“None”: No claims reported in the past

“Minimal”: One or more crime losses in the past with payment plus reserves less than \$10,000 and full recovery has been documented.

“Material”: One or more claims in the past with payments plus reserves exceeding \$10,000 or full recovery has not been documented.

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Product Name: Community Association Program  
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## Supporting Document Schedules

**Satisfied -Name:** Cover Letter **Review Status:** Accepted for Informational Purposes 02/28/2008

**Comments:**

Attached is the cover letter for this submission.

**Attachment:**

Draft Cover Letter \_no policies\_USLI.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Accepted for Informational Purposes 02/28/2008

**Comments:**

Attached is a letter authorizing Westmont Associates to submit this filing on the Company's behalf.

**Attachment:**

Westmont Authorization Letter.pdf

**Satisfied -Name:** NAIC Transmittal **Review Status:** Accepted for Informational Purposes 02/28/2008

**Comments:**

Attached is the NAIC Transmittal Document for this submission.

**Attachment:**

AR NAIC.pdf

**Satisfied -Name:** Side-By-Side Comparison **Review Status:** Accepted for Informational Purposes 02/28/2008

**Comments:**

Attached is a marked-up copy of the rating plan that clearly reflects the changes being made through this submission.

**Attachment:**

CRIME RATING PLAN - 3 (Marked-Up Version).pdf



# WESTMONT ASSOCIATES, INC.

February 6, 2008

Commissioner of Insurance  
Department of Insurance  
Property and Casualty Division  
Forms Review

**RE: United States Liability Insurance Company / NAIC #25895  
Community Association Program  
Commercial Crime Rate Revision Filing  
Company Filing Number: PROF-CAP-08-10  
Effective Date: Upon Earliest Possible Approval**

To Whom It May Concern:

Enclosed you will find a rate revision being filed for the Company's previously filed and approved Commercial Crime product, which is used with the Company's Community Association Program. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company has revised their Commercial Crime rating plan as follows:

- The .90 credit factor for "All checks above \$2500 are countersigned" is being deleted from the Hit Zone Credits section of the rating plan.
- The 1.15 surcharge for "Financial Statement is not prepared by an outside accountant" is being deleted from the Surcharges section of the rating plan.

Attached is a marked-up version of the rating plan that clearly reflects the changes that are being made. The reason for this revision is that the Company has determined that the majority of the risks meet both of the above requirements and are therefore determined to be "average" risks not deserving of a debit or credit.

Please note that the Company has not yet written any Commercial Crime policies in the state; therefore, there is no rate impact associated with this revision.

We respectfully request your approval and/or acknowledgment of this submission, with the earliest permissible effective date.

Respectfully Submitted,

***Jennifer Waldron***

Jennifer Waldron

Supervisor

[jenb@westmontlaw.com](mailto:jenb@westmontlaw.com)

Enclosures

Cc: N. Stepanski - Westmont  
M. Miller – USLI



# UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391  
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313  
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334  
U.S. Underwriters Insurance Company NAIC #0031-26522 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller  
State Filings Manager  
United States Liability Insurance Group  
190 South Warner Road  
Wayne, PA 19087-2191

1.888.523.5545 X586  
Fax: 610.688.4391  
mmiller@usli.com

## Property &amp; Casualty Transmittal Document (Revised 1/1/06)

AR

**1. Reserved for Insurance Dept. Use Only****2. Insurance Department Use Only**

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	Berkshire Hathaway, Inc.			<b>Group NAIC #</b>	0031
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>		
United States Liability Insurance Company	PA	25895	23-1383313		

<b>5. Company Tracking Number</b>	PROF-CAP-08-10
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**Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Jennifer Waldron Westmont Associates, Inc. 25 Chestnut Street, Suite 105, Haddonfield, NJ 08033	Supervisor	(856) 216-0220	(856) 216-0303	jenb@westmontlaw.com
<b>7. Signature of authorized filer</b>		<b>Jennifer Waldron</b>		
<b>8. Please print name of authorized filer</b>		Jennifer Waldron		

**Filing information (see General Instructions for descriptions of these fields)**

<b>9. Type of Insurance (TOI),</b>	Please select from the drop down list. 17.0000 Other Liability		
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0022 - Other		
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	n/a		
<b>12. Company Program Title (marketing title)</b>	Community Association Program		
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____		
<b>14. Effective Date(s) Requested</b>	New	Upon Earliest Approval	Renewal: Upon Earliest Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>16. Reference Organization (if applicable)</b>	n/a		
<b>17. Reference Organization # &amp; Title</b>	n/a		
<b>18. Company's Date of Filing</b>	2/7/08		
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

## Property & Casualty Transmittal Document ---

20.	<b>This filing transmittal is part of Company Tracking #</b>	PROF-CAP-08-10
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of Community Association Program Commercial Crime Rate Revision

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [if a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #:</b> 26824 <b>Amount:</b> \$100.00	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	
***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)	

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PROF-CAP-08-10
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	n/a
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☐ Rate Increase

☐ Rate Decrease

☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method</b> <b>Prior Approval, File &amp; Use, Flex Band, etc.</b>	File & Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Mt. Vernon Fire Insurance Company	0	0	0	0		

<b>4b.</b>	<b>Rate Change by Company (As Accepted)</b>	<b>For State Use Only</b>
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
5a.	<b>Overall percentage rate impact for this filing</b>	0	
5b.	<b>Effect of Rate Filing - Written premium change for this program</b>	0	
5c.	<b>Effect of Rate Filing - Number of policyholders affected</b>	0	

<b>6.</b>	Overall percentage of last rate revision	N/A
<b>7.</b>	Effective Date of last rate revision	N/A
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

g.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Crime Rating Plan	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**UNITED STATES LIABILITY INSURANCE GROUP  
WAYNE, PENNSYLVANIA**

**Crime Rating Plan**

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The maximum available limit will be \$500,000. The minimum premium is \$260

The base coverage limit is \$10,000 for each cause of loss subject to the minimum deductible for the appropriate rating class.

**Rating:**

Base Limit = \$10,000. Base Premium:

**Cause of Loss:**

a. Employee Theft	\$150.00
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c. Robbery or Safe Burglary, Theft of Money/Securities	\$70.00
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e. Money Orders & Counterfeit Money	\$10.00

**Increased Limit Factors:**

<u>Limit</u>	<u>Factor</u>	<u>Limit</u>	<u>Factor</u>
\$15,000	1.25	\$200,000	4.35
\$25,000	1.50	\$250,000	4.75
\$50,000	2.00	\$300,000	5.00
\$100,000	2.75	\$400,000	6.00
\$150,000	3.50	\$500,000	7.00

**Deductible Factors:** The deductible must be equal for all causes of loss.

<u>Deductible:</u>	<u>Factor:</u>
\$250	1.0
\$500	.95
\$1,000	.90
\$2,500	.85
\$5,000	.80

**I. Hit Zone Credits**

Contract with a Property Manager that carries

Employee Dishonesty coverage .90

**II. Surcharges**

Does not contract with a Property Manager 1.10

The association is in operation two years or less 1.10

Recreational Vehicle/Trailer Parks, Mobile /Manufactured Home Parks 1.15

**Deleted:** All checks above \$2500 are countersigned . . . .90

**Deleted:** Financial statement is not prepared by an outside accountant . 1.15

**Optional Coverage**

Designated Agent Endorsement for the property manager 1.25

**Deleted:** 3/2/06



### Scheduled Rating

The following scheduled credits and debits may be applied to rates. The maximum scheduled credit or debit shall not exceed 25%.

Nature of Operations	0-25%
Financial Condition	0-25%
Experience of board	0-25%
# of Years in Operation	0-25%

### Experience Rating

The following experience credits and debits may be applied based upon any type of prior litigation, which has been brought against the Applicant/Insured. A rate modification is determined based upon the frequency, severity and type of claims. Ranges are included to measure differences in claim history versus a Company's number of years in operation, employee size and scope of operations.

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